

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW HAMPSHIRE

## FINANCIAL DECLARATION

CASE # AND NAME:

US v. Daniel Adorno

NAME:

Gia Adorno

PHONE #:

978-457-3830

ADDRESS:

19 Oregan Ave.  
Laurens, MA 01841

MARRIED:

YES [ ]

NO [ ]

NUMBER OF DEPENDENTS:

1 + pregnant

**WARNING:** The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

## ASSETS

## I. INCOME

EMPLOYER'S NAME:

F. H. Cann

MONTHLY WAGES: Gross

\$19/hr

Net

40 hr/Week

WELFARE:

\$645 unit

SOCIAL SECURITY (Amount Rec'd):

PENSION:

I start

OTHER:

W. deny

Just about  
to start  
franklin

SPOUSE'S EMPLOYER:

MONTHLY WAGES: Gross

Net

WELFARE:

SOCIAL SECURITY (Amount Rec'd):

PENSION:

OTHER:

## II. PROPERTY

## REAL ESTATE

## VALUE

## MORTGAGE

## NET

1. HOME

2. OTHER

3. OTHER

N/A

## VEHICLES

## VALUE

## OWED

## NET

1. 2012 Honda Civic

2.

3.

\$14,100.00 \$900.00

## III. OTHER ASSETS

1. CASH ON HAND

2. CHECKING ACCOUNT

3. SAVINGS ACCOUNT

4. CREDIT UNION

5. ACCOUNTS RECEIVABLE

6. JEWELRY

7. STOCKS

8. BONDS

9. OTHER

0 0 0 0 0

(COMPLETE REVERSE SIDE)

## LIABILITIES

## I. REAL ESTATE

	LENDER	TOTAL OWED	MONTHLY PAYMENTS
1.			
2.	N/A		
3.			

## II. MOTOR VEHICLES

	LENDER	TOTAL OWED	MONTHLY PAYMENTS
1.	Santa Domingo Motor	9000	\$300
2.			
3.			

## III. GENERAL DEBTS

	LENDER	TOTAL OWED	MONTHLY PAYMENTS
1.	Vehicle Loan	\$13000	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

## IV. HOUSEHOLD EXPENSES

1. TELEPHONE	\$100	8. GROCERIES	Food stamp
2. UTILITIES	\$600	9. MEDICAL/DENTAL	-
3. CHILD SUPPORT	-	10. SCHOOL	-
4. ALIMONY	-	11. CHURCH	-
5. CLOTHES	\$40	12. TAXES	-
6. TRANSPORTATION	\$300	13. RENT	\$1500
7. INSURANCE	\$700	14. OTHER	-

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

02/21/23  
DATE

Gina Adorno  
SIGNATURE

REQUEST APPROVED: ( )

REQUEST DISAPPROVED: ( )

Date: \_\_\_\_\_

United States Magistrate Judge  
United States District Judge